## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION   | INITIALS | ID NO. | DATE    |  |
|--|----------|--------|---------|--|
| FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW | In G     | 71634  | 8/19/00 |  |
| RESPONSE FORMALITY REVIEW                              |          |        |         |  |

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|   | Rejected                   | N.  | Non-elected  |
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|   | Allowed                    |     | Appeal       |
|   | (Through numeral) Canceled |     |              |
|   | Restricted                 | U . | Objected     |

|   | Claim    | Date   | Claim             | Date   |
|---|----------|--|-------------------|--|
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